

JAN 27 2006

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Date: <b>January 27, 2006</b>	Client & Matter Number: <b>021756-016000US</b>	No. Pages (including this one): <b>15</b>
To: <b>USPTO</b>	At Fax Number: <b>(571) 273-8300</b>	Confirmation Phone Number:

From: Jason D. Lohr

(3994)

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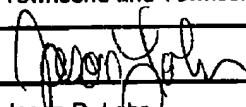
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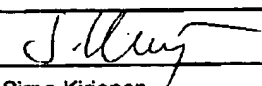
JAN 27 2006

PTO/SB/21 (09-1-4)

<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/848,987	
	Filing Date	May 3, 2001	
	First Named Inventor	Holstege, Mary A.	
	Art Unit	2155	
	Examiner Name	Asad M. Nawaz	
Total Number of Pages in This Submission	14	Attorney Docket Number	021756-016000US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Jason D. Lohr		
Date	January 27, 2006	Reg. No.	48,163

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on January 27, 2006.			
Signature			
Typed or printed name	Sirpa Kirjonen	Date	January 27, 2006

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JAN 27 2006

PTO/SB/17 (12-04)

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/848,987
		Filing Date	May 3, 2001
		First Named Inventor	Holstege, Mary A.
		Examiner Name	Asad M. Nawaz
		Art Unit	2155
<b>TOTAL AMOUNT OF PAYMENT</b>		Attorney Docket No.	021756-016000US
(\$ ) 200			

**METHOD OF PAYMENT (check all that apply)**

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
33	-20 or HP = 0	\$50	\$0			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
5	-3 or HP = 1	\$200	\$200			

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

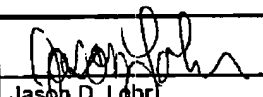
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	48,163
Name (Print/Type)	Jason D. Lehr	Telephone	415-576-0200
		Date	January 27, 2006

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PATENT  
Attorney Docket No.: 021756-016000US

TOWNSEND and TOWNSEND and CREW LLP

By: S. Uley

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Mary A. Holstege

Application No.: 09/848,987

Filed: May 3, 2001

For: SYSTEM AND METHOD FOR  
MONITORING MULTIPLE ONLINE  
RESOURCES IN DIFFERENT  
FORMATS

Customer No.: 51206

Confirmation No. 8754

Examiner: Asad M. Nawaz

Technology Center/Art Unit: 2155

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 28, 2005 on the above-referenced application, please enter the following amendments and remarks:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

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